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Bib Data Sheet

CONFIRMATION NO. 7230

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|---|---|-------------------------------|---|--------------------------------|
| SERIAL NUMBER 09/895,493 | FILING DATE 06/29/2001 RULE | CLASS 370 | GROUP ART UNIT 2661 | ATTORNEY DOCKET NO. |
| APPLICANTS Tony J. Lee, Pullman, WA; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/827,513 04/05/2001 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY WA | SHEETS DRAWING 3 | TOTAL CLAIMS 5 |
| | | | | INDEPENDENT CLAIMS 1 |
| ADDRESS Clark A. Puntigam JENSEN & PUNTIGAM, P.S. 1020 United Airlines Bldg. 2033 Sixth Avenue Seattle ,WA 98121-2584 | | | | |
| TITLE System and method for aligning data between local and remote sources thereof | | | | |
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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| SERIAL NUMBER 09/895,493 | FILING DATE 06/29/2001 RULE | CLASS 370 | GROUP ART UNIT 2631 | ATTORNEY DOCKET NO. |
| APPLICANTS Tony J. Lee, Pullman, WA; ** CONTINUING DATA ***** This application is a CIP of 09/827,513 04/05/2001 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY WA | SHEETS DRAWING 3 | TOTAL CLAIMS 5 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 30621 | | | | |
| TITLE System and method for aligning data between local and remote sources thereof | | | | |
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |